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WISE TRADITIONS PODCAST EPISODE 292

It's Gene Therapy, Not a Vaccine

with Dr. David Martin

JANUARY 25, 2021 BY HILDA LABRADA GORE

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Dr. David Martin, founder and chairman of M-CAM Inc, challenges our presuppositions about the new mRNA Covid-19 vaccines. Quoting the pharmaceutical companies themselves, David suggests that these are not vaccines, but, in actuality, gene therapy. He explains what the vaccines may do to us, what they are promising they can do for us, and how to distinguish the difference.

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**It's Gene Therapy,
Not a Vaccine**

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Episode Transcript

Within the below transcript the **bolded text** is **Hilda Labrada Gore** and the regular text is Dr. David Martin.

I have friends who've gotten one of the new COVID-19 vaccines and you do too. These are the fastest developed vaccines in all of our medical history and many people are lining up to get them as soon as possible. What are they made of? What would they do to us? Why are they being promoted and by whom? This is episode 292 and our guest is **Dr. David Martin**. He received his Undergrad degree from Goshen College, Master's of Science from Ball State University and Doctorate from the University of Virginia. He is an innovator, a professor, and a man with an extensive resume of accomplishments.

With David, we focused on the mRNA COVID-19 vaccines. He goes over the major issues surrounding them. He reviews the mRNA technology and explains how it is gene therapy, not a vaccine and our usual understanding of the word. He reviews the problems with the PCR tests and even helps us understand our broader state of emergency. Finally, he explains how fear on a subconscious level can make us resist the truth.

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Welcome to the show, David.

Thank you. It's lovely to be here.

I have a friend that works in the school system. She got a letter suggesting that she's an essential worker and that she needs to get this one of these new vaccines being developed against this COVID virus. What should she know before she goes for it?

Let's start with your opening sentence. None of the words in the order that you use exist in reality. Let's unpack that. First of all, there is no vaccine that is in development or contemplated that is a vaccine against the SARS-CoV-2 virus. That doesn't exist. That hasn't been developed. It isn't even, in 2021, in contemplation. It's one of the unfortunate things about what's going on in the propaganda war, which is in February, the World Health Organization made it abundantly clear that SARS-CoV-2 or the virus and COVID-19, which is a series of clinical presentations of illness were distinct things.

You're making an interesting distinction. I have heard that SARS-CoV-2 is "the virus" and that COVID-19 is the disease. Is that what you're saying?

COVID 19 is not a disease. It is a series of clinical symptoms. It is a giant umbrella of things associated with what used to be associated with influenza and with other febrile diseases. The problem that we have is that in February, the World Health Organization was clear in stating that there should not be a conflation between the two of these things. One is a virus, in their definition and one is a set of clinical symptoms. The illusion in February was that SARS-CoV-2 caused COVID-19. The problem with that definition and with the expectation is that the majority of people who test positive using the RT-PCR method for testing, for fragments of what is associated with SARS-CoV-2 are not ill at all. The illusion that the virus causes a disease fell apart. That's the reason why they invented the term asymptomatic carrier.

In other words, I might get a positive result from this PCR test and the reason I'm not asymptomatic, what's happening is I'm not sick at all. They've made a false assumption that SARS-CoV-2 causes COVID-19.

That's never been the case, never has been the case and never will be the case. There is a causal statement that is made in the media where, for example, Johns Hopkins or the COVID tracker

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platform or any of these things has intentionally misled the people. There are not 5,000 new cases in Virginia. There potentially may be several thousand positive PCR tests but most of the people who have a positive test will never have a single symptom. Most of the people who have symptoms do not have positive tests.

I know some individuals who said that thing. They were like, "I was feeling sick and I got a negative test. My sister-in-law, who was feeling great, got a positive test."

It will always be the case. The causal link that the media, the CDC made and the COVID tracker, which is the collaboration between the Bloomberg Foundation, the Gates Foundation, Zuckerberg Foundation and others, the official numbers that we get trap across the screens every morning of our computers in our televisions, those numbers are willfully lying. They have been willfully lying since the inception of this. There is not a causal link between these things that have never been established. It has never even been close to established. We have a situation where the illusion of the problem is that people say, "I don't want to get COVID-19." What they mean is they don't want to get infected with a virus. The problem is those two things are not related to each other.

A viral infection hasn't been documented in the majority of what is called cases. There is no basis for that conflation other than the manipulation of the public. That's the first half of the problem. The second half of the problem is that what is being touted as a vaccination, which as you well know when somebody says the word vaccination, the public understanding is that you are being treated with an attenuated or alive virus or a fragment of an attenuated and that the treatment is meant to keep you from getting an infection and it is meant to keep you from transmitting the infection that vaccine in the common definition of a vaccine is meant to do.

The problem is that in the case of Moderna and Pfizer, this is not a vaccine. This is gene therapy. It's a chemotherapy agent that is gene therapy. It is not a vaccine. What is this doing? It's sending a strand of synthetic RNA into the human being and is invoking within the human being, the creation of the S1 spike protein, which is a pathogen. It's a toxin inside of human beings. This is not only not keeping you from getting sick, it's making your body produce the thing that makes you sick.

In that sense, it does sound like a vaccine?

No, not at all because a vaccine is supposed to trigger immunity. It's not supposed to trigger you to make a toxin.

That's how this differs.



Vaccine: In the case of Moderna and Pfizer, this is not a vaccine. This is gene therapy.

It's not somewhat different. It's not the same at all. This is a public manipulation of misrepresentation of clinical treatment. It's not a vaccination. It's not a prohibiting infection. It's not a prohibiting transmission device. It's a means by which your body is conscripted to make the toxin that then allegedly your body somehow gets used to dealing with, but unlike a vaccine, which is to trigger the immune response, this is to trigger the creation of the toxin.

The way I've heard the companies put it is this is to teach your body to fight this virus when it comes around. That's how they're presenting it.

Their clinical trial didn't include any of that as even a possibility within the clinical trial. The clinical trial did not measure the presence or absence of a virus or a virus fragment. The clinical trial did not measure the possibility of transmission suppression, the clinical trial didn't measure any of those things. This is a case of misrepresentation of technology and it's done exclusively so that they can get themselves under the umbrella of public health laws that exploit vaccination.

What you're saying is different from what most of us have heard in the mainstream news and even from the press releases from big companies.

That's because people aren't reading the actual clinical trials. If you read the clinical trials, nothing that I'm saying is even remotely different. As a matter of fact, the companies themselves have said what I'm saying. They said, they could not test for the existence or absence of the virus and they could not test for the transmissivity because they said it would be impractical. The companies themselves have admitted to every single thing I'm saying but they are using the public manipulation of the word vaccine to co-opt the public into believing they're getting a thing, which they are not getting. This is not going to stop you from getting Coronavirus. It's not going to stop you from getting sick. In fact, on the contrary, it will make you sick far more often than the virus itself.

How can you say that so definitively?

Because the data is nothing but that, for people receiving by the time they got the second shot, 80% of people had one or more clinical presentations of COVID-19, 80% of people who have an infection according to RT-PCR have no symptoms at all.

People are getting it more from the "vaccine?"

Yes. You will get COVID-19 symptoms from getting the gene therapy passed off as a vaccine. You will get COVID symptoms from that 80% of the time. If you're exposed to SARS-CoV-2 according to RT-PCR, 80% of the time, you will have no symptoms at all.

What is the purpose of getting this vaccine or this gene manipulation as you call it?

It's a gene therapy technology. That's Moderna's own definition. Let's stick with what they say they

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are. The benefit is non-existent. A human being is going to be potentially exposed to unclassified, both short-term and long-term risks of altering their RNA and DNA from exposure to this gene therapy. This is important to understand, there is no clinical benefit except that in certain instances of CoV infection and/or COVID-19 exposure, there were a few. By that, I mean less than a few hundred out of nearly 40,000 in the clinical trial. A few hundred people had a few days less severe symptoms with the gene therapy when compared to the other control group. Even in that comparison, if you look at the methodology that's in the published papers for the clinical trials, they play games with the data because what they're doing is, they're separating reactivity, meaning the way in which a person responds to being exposed to the gene therapy, they separate out adverse events from actual COVID symptoms.

The problem is that COVID symptoms include things like fever, body ache, muscle pain, muscle weakness and things like that. They got rid of a lot of what would have been considered to be COVID symptoms by calling them adverse events. If you pull that data out and you say, "Compare the population that got the gene therapy with the population that didn't get the gene therapy." The population that got the gene therapy had way more illness, including COVID-19 symptoms, than the population that didn't get the gene therapy but because they classified an enormous number of things as adverse events, they technically wiggled themselves into what was this ridiculous 90% plus effectiveness. Effectiveness was not effective in blocking illness. It was effective in allegedly shortening the duration of symptoms.

People are afraid that they are ready to believe what they want to believe and holding onto that one bit of information that you shared, that the likelihood with the flu vaccine, "At least it will tamp down my symptoms and limit the duration of my illness." They held onto that one bit of information that was data manipulation, as you're saying and they're holding out hope that this will be their saving grace to help them avoid COVID-19.

Nothing about this will avoid COVID-19 and nothing about this will avoid SARS-CoV-2.

We've been talking mostly about the Moderna and Pfizer vaccine that is gene therapy. Is there another one in the works or getting to the market that is not using gene therapy?

The AstraZeneca Oxford trial is using a viral fragment. It is more along the technological lines of what you and I might consider historically, to be a vaccine. The AstraZeneca Oxford trial has been an interesting one to watch because they have a methodology problem that is quite challenging in terms of trying to fool data and understand what's happening either on the safety or efficacy side. The reason is simple, that in certain instances, the AstraZeneca Oxford trial has not used a saline control group. They've used another vaccine as the control. In other words, they've stacked the deck. They're making it look like they are somehow neutral compared to another vaccination in several of their data collection efforts.

As a result of that, we have both a methodology problem, which by the way, has been criticized by a number of clinical scientists. The bigger problem is that they're still not measuring viral susceptibility and viral transmission. Those are the two legs of the stool that is required for anyone to say that they are vaccinating a population for public health reasons. There is no means by which. This is a simple thing to wrap your head around. If I said, "Everybody needs to take chemotherapy for cancer they might get."

People would laugh in your face.

That's exactly what is happening. This is not prophylactic. This is not helping us. We're being told to take a treatment for a disease we don't have and most likely will not have. We're being told that using careful marketing manipulation and propaganda, calling these things vaccines for public health.

Historically vaccines, we've taken them for that reason. "I don't have the measles. I don't want to get the measles, so I'm going to get this measles shot." We've been primed to accept that approached.

That's the narrative everybody expects.

Why don't you expect that though? What's made you dive deep?

That's not what's being measured. That's not what's being done and that's not what this technology is about. mRNA is not a vaccination. It's a gene therapy that was originally developed for cancer treatment. That's why I'm using the chemotherapy analogy. This is not a vaccination.

I have colleagues, I'm sure you do too, friends and acquaintances who are going for it. What can we tell these people or share with them that might wake them up?

That's a complex issue and I have chosen a long time ago to not engage in the energy of this waking sleeping metaphor because the fact of the matter is if people are conditioned to react to fear, this is reflexive and it's not conscious. If we examine our behavior and what we do is engage in self-harm because we are convinced that somehow or another, there's a worse future ahead of us, that's something that I don't have an ability to say facts are going ever to overcome. I have yet to meet in my life someone who allowed a fact to overwhelm a belief. Once you've adopted a belief, facts are not welcome because what they do is, they not only indict your belief but they indict the energy that you hold that says, "I have to believe what I'm told."

The minute you try to engage with facts, all you do is trigger conflict. What I do is I try to take the complex science and the complex reporting, and I try to make it accessible and easily understood. The goal is that in certain instances, people will go, "I can't even believe that what he said was true." The cool thing is you don't have to believe what I'm saying is true because I don't value belief. I value the objective reality of facts. It turns out that in this particular case, it is simple and straightforward to say to any person in Moderna's own SEC filings, they make it abundantly clear that their technology is a gene therapy technology. In their clinical trial, they've made it abundantly clear that they could not measure the presence or absence of the virus and they could not measure the presence or the absence of the transmission of the virus. Every single thing that they represented to be doing that preys on the public understanding of what vaccination is, they explicitly said, "They're not doing that."

You have been careful to lay out the facts to me and the audience and we're thankful. I want to ask you on a more personal note, would you even take this PCR test if you had to for travel? I'm getting all kinds of emails and people reaching out to me and I'm not even talking about the vaccine or the gene therapy technology but certain things are being required to participate in life.

I'm actively involved with many of the significant pieces of litigation that are going on to try to unmask the conspiracy that is driving both the PCR, as well as the medical countermeasure interventions. I'm at the vanguard with a few other souls who are fighting for the rights of citizens to make decisions informed by facts, not informed by propaganda. The fact of the matter is the PCR test has never been approved as a diagnostic. It is not diagnostic. There's nothing about taking a PCR test that does anything other than reinforce a propaganda narrative. It doesn't tell

you anything.

The reason why we're not doing influenza testing is that we don't want to admit the fact that the majority of people who are in hospital, who are sick and who are dying are experiencing exactly the same thing that's happened every year, which is influenza-like, flu-like and pneumonia-like illness. In many cases, when someone has immune compromise or other comorbidities leads to fatalities. It's a sad reality that that happens but it is part of the human experience that it happens. The fact is that a PCR test is not going to make or not make a confirmed diagnosis of anything because PCR tests cannot confirm a diagnosis.

I've interviewed Dr. Tom Cowan and Dr. Andy Kaufman, and they say the same thing. The person who came up with or developed the PCR test says that it's not to be used to diagnose anything.

So does the FDA so does everybody else. The only reason we are using PCR tests is that governors and the Department of Health and Human Services are maintaining a state of emergency. The second that that state of emergency is lifted in any state or in the country, the PCR test won't be allowed to be used. We're maintaining a state of emergency so that manufacturers can keep selling a thing that would never be approved if it was subject to a clinical trial. It goes for what's being called vaccines too. The gene therapy that Moderna and Pfizer are doing, both of those would be suspended immediately if the state of emergency got lifted. People don't understand that if you lift the state of emergency, the whole house of cards falls.

That is something else that you and your team are advocating for?

It's because the emergency use authorization falls with the state of emergency.

Is this one reason, do you think that they have cast aspersions on hydroxychloroquine or any other protocols that could possibly treat the symptoms of SARS-CoV-2?

There's no question. If you look historically, for many years, Dr. Anthony Fauci at NIAID has held his annual advisory committee meeting. Every year he laments the fact that they're trying to build this universal influenza vaccine, which he refers to using as an infant in-print vaccine. They've been trying to do this for years and it hasn't worked. This happens to be an opportunity for Anthony Fauci to get what he has not been able to get through legal means, which is he wants to get to a place where he forces a vaccine on a population. He's manipulating this situation to force a vaccine on a population. The fact of the matter is he forgot that if he's going to force a vaccine on a population, it should at least be a vaccine.

What would his motives be for that?

Always has been financial. There are billions of dollars at stake and NIAID is essentially the incubator for the pharmaceutical industry. He's serving the paymasters that have let him manage \$191 billion in his career at NIAID.

There are lots to consider here. You've given us a lot of food for thought. We want to have another conversation with you again but let's say I'm an individual that was reading all these facts and I've been persuaded. I do not want to get this gene therapy technology. I don't want even to get the AstraZeneca vaccine. I don't want to get any of this but I'm under pressure either because of my job or for travel purposes to do so, what would you advise me to do?

I can't advise a person at all. That's not my role but what I can tell you is that this is a decision that any human being is going to ultimately have to make based on whether or not they choose to live or they choose to be enslaved. This is like any point in history where you have to make decisions that are based on what is moral and ethical and right with respect to your own sense of responsibility and accountability. The fact of the matter is like wearing a seat belt, like doing a whole bunch of other things, your choice to engage in an activity is ultimately going to be a decision that you have to live with.



Vaccine: The more you have the lived experience of health, the less you can be told you're unwell when you're perfectly fine.

I will not touch a thing and I will not allow my body to be invaded with a thing that is been developed in an unethical and illegal way. I am not going to let anybody have the opportunity to manipulate my genetic code. It's not going to happen. If that means that it comes at a cost of a particular employer or a particular relationship or whatever else, my life happens to be worth more than that. We've been conditioned to fall into this trap, which is, "We might not be able to get on a plane." So, drive.

I thought about that. I'm going to start taking a boat.

I'm not going to let my future and my well-being be enslaved to a commercial interest that is trying to extort or blackmail me into a thing.

That does sound like living. That does sound like freedom as opposed to slavery. I appreciate that. I think that's what we're about to hear at the foundation. We want people to live their best lives to take responsibility for their own health and look to ways to nurture it that may not be the most modern or the most profitable for health companies but will be best for them. Let me wrap up by asking you the question I often pose at the end. If the reader could do one thing to improve or sustain their health, what would you recommend that they do?

Pick a lifestyle modification first and foremost and pick it with someone else. Begin exercising, engage in a more wholesome way of engaging with the food you consume. Anything that involves bringing together the sense of wellbeing, which involves fellowship, nutrition, vitality and empowering you to become a person who not only has a conceptual idea of what health is but

has a lived experience of it. The more you have the lived experience of health, the less you can be told you're unwell when you're perfectly fine.

Thank you so much for your time, David. This has been a great conversation.

You are most welcome. Take care.

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About Dr. David Martin

David Martin, the businessman, professor, author, storyteller, inventor, global foresight advisor, father, friend and Creator of the MCAM CNBC IQ100 index, specializes in putting humanity back into humans – and business.

Creating real transformation from the inside out, he shows and teaches people how to be the difference that makes the difference.

Important Links:

- [Dr. David Martin](#)
- [Dr. Tom Cowan](#) – Past episode
- [Dr. Andy Kaufman](#) – Past episode
- The NSF Grant: https://www.nsf.gov/awardsearch/showAward?AWD_ID=0434507
- The evolutionary RNA model: <https://www.ncbi.nlm.nih.gov/books/NBK6338/>

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About Hilda Labrada Gore

Hilda Labrada Gore is the producer and host of WAPF's Wise Traditions podcast and a DC co-chapter leader for WAPF. An enthusiastic communicator, Hilda is passionate about wellness on every level, which is why she is known as Holistic Hilda. Hilda is also a health coach and podcast coach. To follow her on worldwide adventures, and for healthy living tips, subscribe to her blog at holistichilda.com, check out her Holistic Hilda YouTube channel and follow her on Instagram and Telegram @holistichilda. Hilda lives in Washington, D.C. with her family, dog and cat.

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